

APPLICATION FOR SPONSORSHIP OF HOME STUDY CONTINUING EDUCATION Alabama Physical Therapy Association Post Office Box 660551 Birmingham, AL 35266-0551 (205) 978-3810 Fax: (205) 978-3193 www.ptalabama.org	FOR OFFICE USE ONLY 2007 Notice of sponsorship by ALAPTA: Sponsored: <input type="checkbox"/> for _____ Contact Hours Sponsorship Denied: <input type="checkbox"/> Date: _____ Staff: _____ Expiration date: _____ (24 months from date of sponsorship) Fee received: _____ Course Approval #: _____
PLEASE TYPE INFORMATION OR PRINT LEGIBLY NOTE: Applications submitted by individual licensees for attendance at a non pre-approved program must be received prior to course dates or within thirty one (31) days after the expiration of the same licensure period in which the course was completed. Please allow 6 wks for sponsorship decision to be returned.	
Application for approval of continuing physical therapy education by: <input type="checkbox"/> Course Provider <input type="checkbox"/> Individual Licensee	
1. Name of Course Provider: <div style="height: 40px; border: 1px solid black;"></div>	
2. Provider's Contact Person: E-mail: <div style="height: 40px; border: 1px solid black;"></div>	2. Phone (Area Code): 3. FAX (Area Code): <div style="height: 40px; border: 1px solid black;"></div>
4. Provider's Mailing Address: <div style="height: 40px; border: 1px solid black;"></div>	5. Street Address if Different or Individual Applicant (Name, Address and Phone Number): <div style="height: 40px; border: 1px solid black;"></div>
6. Type of Sponsor/Provider: <input type="checkbox"/> Physician <input type="checkbox"/> Private PT Practitioner <input type="checkbox"/> Rehab Company <input type="checkbox"/> Nursing Home <input type="checkbox"/> Professional CE Provider <input type="checkbox"/> Individual(for Individual Credit) <input type="checkbox"/> Hospital <input type="checkbox"/> Educational Institution <input type="checkbox"/> Other _____	
7. Fee: Fee must be received with application in the form of a check or money order made payable to: <u>Alabama Physical Therapy Association</u> <input type="checkbox"/> \$ 100.00 (2-3 CEU's) <input type="checkbox"/> \$ 125.00 (4-7 CEU's) <input type="checkbox"/> \$ 175.00 (8 or more CEU's) *Note: 700-X-2-.09 -(3)(b)2.(v) states continuing education must be at least 2 contact hours or more **If course is not approved, the fee less \$50.00 is refundable. (If all information is not provided, there may be additional fees.)	
8. Activity or Course Name: <div style="height: 40px; border: 1px solid black;"></div>	9. Nature of Activity (see #15): <input type="checkbox"/> Homestudy: (circle) Book / Audio / Video / Internet <input type="checkbox"/> Teleconference: (circle) Satellite-Live / Real Time <input type="checkbox"/> Other - Please describe _____
10. Is this course available &/or open to the public? <input type="checkbox"/> Yes <i>Courses NOT available /open to the public do NOT qualify for Alabama continuing education. See 700-X-2-.09 <u>Renewal Of License.</u></i>	
10. Please attach program outline that fully describes course and time devoted to each topic, including program objectives. Please estimate your CONTINUING EDUCATION UNITS (CEUs) REQUESTED. One CEU = 50 minutes 0.5 CEU = 25 minutes (Do not include breaks, scheduled meal times, or time to complete course evaluations.) <div style="border-top: 1px solid black; text-align: center; padding-top: 5px;"> TOTAL CONTINUING EDUCATION UNITS FOR WHICH YOU ARE APPLYING </div>	

<p>11. Please attach curriculum vitae/bio for each speaker; include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience or experience relevant to teaching course material. (A summary of this information, i.e., course brochure, is acceptable.)</p>	
<p>12. Describe relevance of program content to the profession or practice of Physical Therapy. Attach separate sheets as necessary.</p>	
<p>13. Describe the procedure used to assess a licensee's participation and attainment of the program objectives.</p>	
<p>14. Provide documentation (for example, pilot trials) to support the process used to determine the number of continuing education units for which you are applying.</p>	
<p>15. If nature of activity is a book, please provide the book to the reviewers. If nature of activity is audio, please provide an audiotape to the reviewers. If nature of activity is internet, please provide a link or a PDF file of materials to the reviewers. If nature of activity is a video, please provide a video to the reviewers.</p>	
<p>16. Has this course been approved by any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:</p>	
<p><i>If ALAPTA sponsors this course, the sponsorship is good for two years following the date of approval.</i></p>	
<p>The information provided in this application is true and complete to my knowledge.</p> <p>Name of Person Submitting Application:</p> <p>_____</p> <p>Signature of Applicant:</p> <p>_____</p> <p>Date: _____</p>	
<p>FOR OFFICE USE ONLY: ALPTA to Reviewer: Application received: _____ Sent to: _____ on _____ Return by: _____</p>	<p>FOR OFFICE USE ONLY: Reviewer to ALPTA: Application received: _____ Sponsored CEU's: _____ Returned on: _____ ALPTA sent to ABPT on: _____</p>

INSTRUCTIONS FOR COMPLETING An Application for Sponsorship of Home Study Continuing Education

*Alabama Physical Therapy Association
Post Office Box 660551
Birmingham, AL 35266-0551
(205) 978-3810 Fax: (205) 978-3193
www.ptalabama.org*

An applicant seeking sponsorship for private study (i.e. book, audio, video, internet, or teleconference) shall send appropriate information to ALAPTA staff for evaluation. The information should include a full description including an outline of the topics and subtopics, a copy of the printed materials, the time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed course of project. Any brochures or promotional material advertising the availability for purchase or rental audio/video tapes must specify the original date of taping.

Sponsorship by the ALAPTA ensures the course meets the standards for continuing education set forth by the AL Board of Physical Therapy in the AL Practice Act (ABPT Administrative Code, Chapter 700-X-2, Section 700-X-2-.01 Appropriate Education Required). Please review this document located at <http://www.pt.state.al.us/adminCode.htm> before submitting the application. Any program content submitted will be reviewed by the ALAPTA Home Study committee. If sponsorship is awarded, the information will be forwarded to the ABPT for final approval. Only the AL Board of Physical Therapy can 'approve' Continuing Education courses for licensure renewal.

Process:

1. Complete the application.
2. Provide payment of application fees via check or money order.
3. Send the
 - a. Application form
 - b. Application fees
 - c. **Required home study materials: copy of course materials, handouts, online booklets, post-tests. (An outline of this material will not be sufficient for review)**

to the ALAPTA at:

*Alabama Physical Therapy Association
Post Office Box 660551
Birmingham, AL 35266-0551*

Frequently Asked Questions:

"Home Study" is defined as: a course completed by an individual whose content is contained in written, computerized, or videotaped media. Courses do not have a live facilitator or presenter, but may have one on video. Completion of the course is self-directed. The timeframe for completing the course is determined by the licensee.

What is meant by "a procedure used to assess a licensee's participation and attainment of the program objectives"? The course must have a means through which it is determined that a licensee has attained the knowledge set forth in the materials. Examples may include:

- A post test graded by the provider of the home study course
- Case study material reviewed by the provider of the home study course
- On-site skills observation by the provider of the home study course

The Alabama Administrative code requires that continuing education be at least 2 contact hours or more.